



Heroes on Medicine's Frontline

Emergency Medicine Is a Specialty

Emergency medicine has come a very long way in a very short time. It got its start back in the late 1950s when doctors realized that battlefield procedures used on American soldiers in the Korean and Vietnam wars could save thousands of lives in hospitals here at home.

By the early 1960s, things were still pretty primitive. Hospitals treated people in poorly equipped emergency "rooms." Interns, residents or on-call physicians were pressed into E.R. duty. Critically ill patients often were transported in hearses, the only vehicles in which patients could lie flat. Treatment often didn't begin until a patient got to the hospital.

That's hardly the case today. Emergency medicine has developed into a fully recognized specialty. The old emergency rooms now have grown into sophisticated emergency departments, staffed by highly-trained emergency-medicine specialists.

Over the past 30 years, emergency medicine has become a technologically advanced, board-certified, accredited medical specialty. Today's emergency physicians are specialists just like cardiologists, surgeons and pediatricians. But compared to other medical specialties, emergency medicine is relatively new. The American Medical Association and the American Board of Medical Specialties officially recognized it as the 23rd medical specialty in 1979.

How To Prevent and Respond To an Emergency

Try to stay calm and make a decision to act. The first minutes after an injury often are the most important. Doctors advise four key steps:

1. PREVENT EMERGENCIES. Regular exercise and medical check-ups will help protect your health. Follow your doctor's advice to reduce risk factors, such as quitting smoking.

2. PREPARE FOR EMERGENCIES. Keep first-aid kits at home, work and in your car. Recognize emergency warning signs. Keep a list of medications taken by you and your family; note allergies. Take a first-aid class. Post emergency numbers near the telephone.

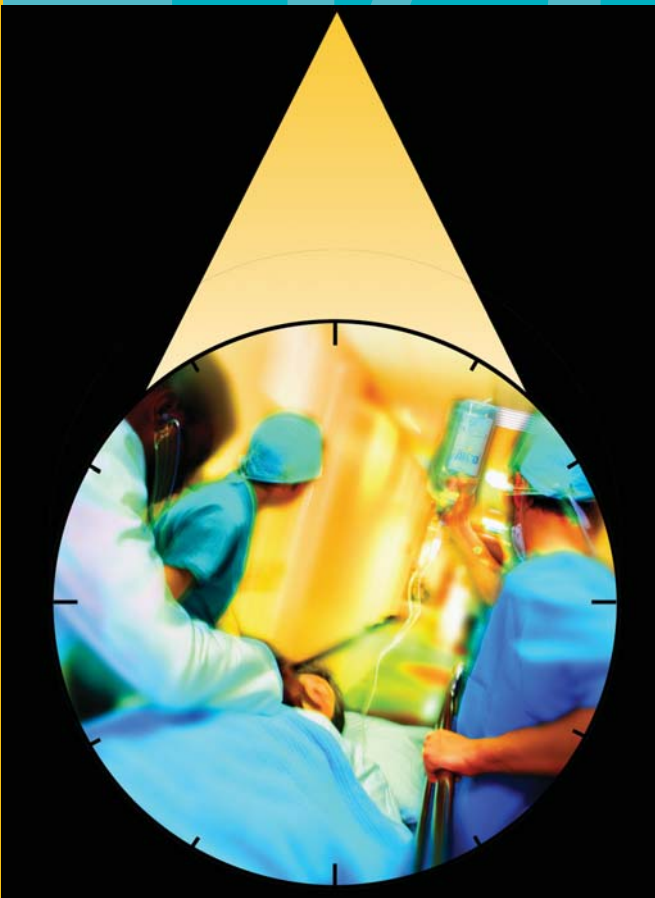
3. RECOGNIZE LIFE-THREATENING EMERGENCIES. Not every cut or burn requires a trip to the emergency department. Get help fast, though, when the following warning signs are present:

- Chest pain lasting two minutes or more
- Uncontrolled bleeding
- Sudden or severe pain
- Coughing or vomiting blood
- Difficulty breathing, shortness of breath
- Sudden dizziness, weakness or change in vision
- Severe or persistent vomiting or diarrhea
- Change in mental status, such as difficulty arousing

4. ACT. Action can mean anything from calling paramedics, applying direct pressure on a wound, performing CPR or splinting an injury. Never perform a procedure if unsure how to do it.

- Don't move anyone involved in a motor vehicle crash or serious fall or found unconscious, unless the person is in immediate danger of further injury.
- Don't give the victim anything to eat or drink and keep the person covered.
- Apply a clean cloth or sterile bandage if the victim is bleeding. If possible, elevate the injury and apply direct pressure on the wound.
- Begin rescue breathing or CPR if the victim is not breathing or does not have a pulse.

Who Takes Care of You in an Emergency?



EMERGENCY PHYSICIANS

Heroes on Medicine's Frontline

You've probably watched an episode of the long-running TV show, "ER" as dedicated doctors rush a young child from an ambulance or scramble to resuscitate an elderly man whose heart has stopped. It's Hollywood's version of life in an emergency department. Intense, fast-paced and dramatic—and actually, not all that different from real-life emergency medicine.

EMERGENCY PHYSICIANS

Emergency physicians are medicine's frontline heroes. They treat the toughest cases from all medical specialties. Open 24/7, hospital emergency departments are hectic, crowded places, where doctors often juggle 60 different patients during their long shifts. An emergency physician might deliver a baby or stitch a young boy's deep gash or comfort a teenager after a suicide attempt. These doctors see it all—from gunshot wounds to car-wreck injuries to drug overdoses. It's stressful, but rewarding. Day in, day out, they are saving lives.

There's a good chance you might find yourself in a hospital emergency department some day. More than 114 million people—including more than 40 million children—seek care in the nation's 4,000 hospital emergency departments every year. These patients come from all backgrounds—rich and poor, young and old, insured and uninsured. If you have a medical emergency, you can expect to be cared for by a highly-trained emergency specialist.

Emergency physicians are highly educated and have training that crosses different medical specialties to meet demanding challenges. They work with state-of-the-art diagnostic equipment. They are assisted by well-trained physician assistants and emergency nurses. They conduct innovative research. They follow high standards and stay current with dramatic advances in technology.

They also are governed by a code of ethics and a federal law that requires hospital emergency departments to offer care to all patients, regardless of their ability to pay. That makes emergency physicians a vital part of America's health safety net. They advocate for their patients and try to ensure the best care for people, especially the most vulnerable, who often have nowhere else to go for treatment.

Most emergency physicians practice in hospitals—whether it's a small community hospital or a sprawling academic medical center. But you'll also find some emergency doctors on cruise ships or on military battlefields. Some work with emergency management organizations, such as the Federal Emergency Management Agency, to help communities respond when disasters strike. Others specialize in caring for athletes injured during games. Still other emergency doctors man the nation's poison control centers.

Board Certification

In 1968, a group of eight physicians dedicated to improving emergency care formed the American College of Emergency Physicians, which has pushed to develop the practice as a specialty by setting standards and creating a board certification process. Today, the organization of more than 23,000 members is a voice for emergency physicians and their patients.



Like all doctors, emergency physicians go through four years of college and four years of medical school. After that, they train for three to four more years in a residency program at an accredited teaching hospital. During an emergency medicine residency program, residents care for patients while supervised by physician faculty. They also participate in educational and research activities. They are trained to treat both adults and children in a host of emergencies, such as medical, surgical,



trauma, cardiac, orthopedic and obstetric. They also learn skills for dealing with social problems, such as family violence and substance abuse. As of June 1998, 136 emergency medicine residency programs in the United States were approved by the Accreditation Council for Graduate Medical Education. These programs graduate more than 950 residents a year.

After graduating from residency programs, physicians are eligible to take their rigorous board certification examinations. These are national, extensive assessments of the doctor's ability to provide emergency care. Board-certified emergency physicians receive advanced training in quickly recognizing, evaluating, stabilizing and treating the emergency symptoms of all medical and traumatic conditions. After completing their board certification exams, emergency physicians then can practice independently. Nearly two-thirds of the estimated 32,000 emergency room physicians are board-

certified. Emergency physicians also earn continuing medical education credits—typically 50 hours a year—to keep their medical licenses.

Some emergency physicians pursue additional specialized training after their residency programs, such as in pediatric emergency medicine. Fellowships are usually a year or two long. They can be accredited or non-accredited. An accredited fellowship, however, offers the required training for physicians to receive

board certification in a subspecialty, such as toxicology, sports medicine and pediatric emergency medicine.

If You Visit the Emergency Department, Here's What to Expect:

If you arrive by ambulance or are unconscious, you

will be assigned to a patient bed immediately and be treated.

If someone else drives you to the emergency department, you will enter the waiting room, where your medical condition will be assessed.

No one will be turned away from an emergency department, even if they can't pay.

TRIAGE

When you first arrive, a triage nurse will determine how serious your condition is, based on your symptoms. The nurse may check your vital signs, including temperature, heart rate, and blood pressure. Someone will collect your name, address, and medical history.

EXAMINATION

After the initial assessment, you will be placed in an examination area, where an emergency physician will examine you and possibly order tests, such as x-rays, blood, and electrocardiogram. Your vital signs will be monitored. Nurses and other medical staff will assist you.



TREATMENT

If you are critically ill or require intravenous medications or fluids, you may be admitted to the hospital.

If you are not seriously ill, an emergency physician will discuss your diagnosis and treatment plan with you before you are discharged. You may receive written instructions regarding medications, restrictions or symptoms that may require a follow-up visit.

WHY IS THE WAIT SO LONG?

Across the United States, emergency departments, are extremely overcrowded. Part of this is due to a lack of capacity. Hundreds of emergency departments have closed in the past decade. At the same time, more people are going.

You may be in the emergency department for hours, especially if your health problem is complicated. Determining why you are sick may require many tests. The doctor may need to talk with another specialist to find out how to help you feel better. It also may take several hours for doctors to stabilize you so that your condition is not life-threatening.

If you have a serious injury and need to be admitted to the hospital, you may have to wait in the emergency department until a hospital bed becomes available. This process, known as "boarding," may take hours or even a few days. This practice can cause further delays in an emergency department because other patients must wait even longer for care.

How Can I Learn More About Emergency Medicine?

For more information, go to the American College of Emergency Physicians' website at www.acep.org.

